EXHIBIT 1: CLAIM NO. 236

In its List of Claim:

Claim #236 Date Filed: 12/16/2013 in an unknown amount. To determine if you need to file a claim, please refer to the enclosed Information

10 (Official Form 10) (04/13) (Modified) About Deadlines to File Claims.		
UNITED STATES BANKRUPTCY COURT EASTERN	N DISTRICT of MICHIGAN	CHAPTER 9 PROOF OF CLAIM
Name of Debtor: City of Detroit, Michigan	Case Number: 13-53846	
NOTE: Do not use this form to make a claim for an administrative expense t	that arises after the bankruptcy filing.	
Name of Creditor (the person or other entity to whom the debtor owes money or	property):	·
Jones, Renee	DECEIVED	COURT USE ONLY
Name and address where notices should be sent: NameID: 11702313	NEGLIVED	Check this box if this claim amends a
Jones, Renee	DEC 4 0 0040	previously filed claim.
23838 Shakespeare Ave	DEC 1 6 2013	Court Claim Number:
Eastpointe,, Michigan 48021	URTZMAN CARSON CONSULTANTS) · · · · · · · · · · · · · · · · · · ·
Telephone number: email: Name and address where payment should be sent (if different from above):	OKIZWAN CANSON CONSOLIANIS	Filed on:
		☐ Check this box if you are aware that anyone else has filed a proof of claim
hence Jones	1) Michigan	relating to this claim. Attach copy of
reneé Jones 11020 notting ham st. Detro Telephone (umb(33) (050565ii) (734) 658	1th Pareningan	statement giving particulars.
Telephone (umb (23) (05056 mil:) (734) (058	8530 4822V	
1. Amount of Claim as of Date Case Filed: \$ 5,000.00		
,		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5.		
DCheck this box if the claim includes interest or other charges in addition to the	e principal amount of the claim. Attach a	statement that itemizes interest or charges.
2. Basis for Claim: Permentant nerve damage, etc; Left ankle, leg; hip, Lower back (See instruction #2)		
	· · · · · · · · · · · · · · · · · · ·	DOICE CAITIBOT PIODO
3a. Debtor may have scheduled account as: (See instruction #3a)		
4. Secured Claim (See instruction #4) Check the appropriate how if the plains is account by a line as a second by a line as a secon	Amount of arrearage and	other charges, as of the time case was filed,
Check the appropriate box if the claim is secured by a lien on property or a right setoff, attach required redacted documents, and provide the requested information	of included in secured claim,	, it any: \$
Nature of property or right of setoff: Real Estate Motor Vehicle Other Basis for perfection: Describe:		
Value of Property: \$	Amount of Secured Claim:	\$
Annual Interest Rate (when case was filed) % Fixed or Variable	e Amount Unsecured:	\$
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2).		
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. §		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a		
statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing		
evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.		
If the documents are not available, please explain:		
8. Signature: (See instruction # 8) Check the appropriate box.		,
am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, I am a guarantor, surety, indorser, or other codebtor.		
or their authorized agent. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.)		
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.		
Print Name: TO REGULOVE S Title: Crecy TOY	Q ad Annin	11-1-12
Company: Konce Jones mear poration	Konce Hull	12 1 13
Addless and zelenhame number (if different potice address above):	(Signature)	(Date)
Totalit Michigan, 48994		
Telephone number: email:		

Rened Jones 13-53846 11020 NoTTingham St, 3846 Def, Mi 48224 December 1, 2013

The City of Detroit Claims Processing Center

To whom this letter may concern I (creditor) Rened Jones am writing you this brief letter explaining my situation, circumstances, and life style, including the dramatic changes that have occurred to my body, mind, spirit since my accident. on Feb 28, 2013.

on Feb 28, 2013.

I am a burn survior since nor 28, 2000
til present. I can't stand to wash dishes,
take a shower brush teeth, laundry or
shop, it is especially difficult for
me to drive, at some point my
right leg will stiffen up making it
difficult to drive almost im possible.

I have to employ help to assist
me with my everyday chores.

I understand that the city is in
financial difficulties, However my
accident was caused box the
reossince of an employee by the
City, I am not askine for mones
that are too extravagence merely
and are too extravagence merely

Thank you